

especially children, suffer much from chilblains, although this troublesome affection is often met with in the most healthy constitutions; yet, when the disease proceeds to a very great extent and degree of intensity, and occurs with violence, where the exciting cause, exposure to changes of temperature, has not been sudden or remarkable, we may then conclude that the sufferer's diathesis is decidedly scrofulous. This affection ought consequently to excite the attention of parents; for although in general it is merely a local ailment, yet in some children it indicates a general weakness of the constitution, and in all occasions much pain and annoyance. In order to prevent the formation of chilblains, we must endeavour to protect the skin from the operation of the usual exciting cause of the disease, and, in addition to cautioning the children to avoid exposing their hands or feet to rapid transitions from cold to heat, we should endeavour to render the skin capable of bearing moderate changes of temperature with impunity. This is best effected by washing the hands several times a day, at first with tepid and afterwards with cold water, mixed with a small proportion of spirits or of *Eau de Cologne*. Some parents do much injury by making their children wear flannel or woollen gloves, even in the house. Stimulating liquids, such as strong brine, have long been deservedly popular as preventives of chilblains, and were recommended by Dioscorides; but none of those usually employed seem to me as efficacious as one which I was the first to use, viz. a solution of sulphate of copper in water, in the proportion of ten grains to the ounce. This must be diligently applied to affected or suspected parts of the skin with a camel's hair pencil; and as soon as the moisture dries off, the skin should be well smeared over with spermaceti ointment. The sulphate of copper lotion may be applied two or three evenings in succession, until it has produced a manifest effect on the skin; it must be then discontinued for a few nights—again, however, to be resumed as soon as the natural soft and tender texture of the skin seems about to return. You must be careful to enjoin the application of the spermaceti after each use of the lotion. By this simple plan, commenced early in winter, many children, previously martyrs to chilblains, have been completely protected. It is probable that the nitrate of silver would answer equally well, did it not discolour the skin in so unseemly a way.—*Ibid.*

## SURGERY.

### 37. *Artificial anus following a hernia with gangrene; protrusion of a large portion of intestine through the solution of continuity.—Cure by autoplasty.*—

The patient was a countryman, aged 52, who for a long period had been afflicted with inguinal hernia of the right side; and who, three years previously to coming under the care of M. BLANDIN, had suffered from strangulation of the part, which terminated in gangrene. Through the large perforation in the right inguinal region resulting from this, the interior of the cæcum was perceived, its anterior parietes having been destroyed, and from this opening the greater part though not all of the fæces was discharged. During three years the patient remained in this state, a portion of the intestine occasionally protruding through the opening, which he was always able at once to return by repose and compression on the part. In February, 1838, after strong exertions, so large a portion of intestine was pushed out that his own efforts to return it, as well as those of the physician of his village, were unavailing, and he travelled up to Paris for advice.

When first seen by M. Blandin “a reddened tumour of the size of the two fists, covered by mucous membrane, occupied the right inguinal region; vermicular movements were noticed at the surface of this tumour, and a lengthened opening, circumscribed by two lips, and readily known as the ileo-cæcal opening, was observed at its upper internal part. A constant discharge of liquid faecal matters took place from the opening. No evacuation from the rectum. Considerable emaciation.”

"Attempts to reduce the protruded intestine were at once made, which after being kept up for a long time, and pressure exercised in a continued manner for more than a quarter of an hour, were successful. *All of the ascending colon, the inferior extremity of the ileum, and the part of the cæcum which had escaped the gangrene, were by this means reduced.* After reduction it was ascertained that the opening in the abdominal parietes was nearly circular and sixteen lines in diameter. Compresses of a pyramidal shape, and a *spica* bandage, were applied to prevent a new protrusion."

"By these means the patient was much relieved, the fæces ceasing to pass by the anormal opening, and the intestine being retained by the pressure of the bandage. A truss with a strong spring and a large pad was afterwards applied, in order to produce a more energetic action upon the parts, and the opening was soon observed to contract. Nevertheless, by the month of May it was still as large as a dollar, and as it did not appear susceptible of greater contraction, on account of the loss of substance that had occurred in the abdominal parietes, an operation was thought of for the purpose of closing it. Previous to the performance of this, it was ascertained that the parietes of the cæcum which remained was either wholly deprived of an intermediate ridge, (*épéron*) or had one very slightly projecting, so that *enterotomy* was not applicable to this particular case. The edges of the wound were then pared off, and were united by means of the *quilled suture*, after having taken the precaution to place below them a piece of *fish's air bladder*, in order to hinder the fæces from irritating and preventing the union of the parts."

"This first operation, and a second of the same kind, were unsuccessful, and after a few days the patient was precisely in the same state as previous to their performance. Having thus found that something more than the simple paring off of the edges of the wound and the suture were necessary, autoplasty was resorted to, and applied in the following manner. A quadrilateral flap formed of the skin, and a thick layer of sub-cutaneous cellular tissue was cut below the opening in the groin: three different incisions served to circumscribe it, one of them being a tangent. From the inferior edge of the opening the two others descended perpendicularly to the extremities of the first; the flap was dissected up for the space of near two inches, and left adherent to the inguino-crural region by one of its edges. This first part of the operation accomplished, the skin covering the *superior internal and external* edges of the opening was removed for the space of about three lines, and the flap was then pushed up and its edges put in apposition with the before mentioned parts, placing thus the points of suture beyond the circle of the artificial anus, and covering this latter with the bleeding face of the flap. A piece of linen smeared with cerate, a layer of charpie, compresses, and a truss with a weak spring completed the dressings made use of after the operation. On the fourth day the flap was united with the edges, and with the anterior part of the opening within and without, but the union was not perfect superiorly; nevertheless, it was evident that if the success was not yet complete it would soon be obtained, for the flap kept from this period its position before the anormal opening, so that this latter was reduced to the condition of a narrow cleft, of which the edges could not fail to unite with a facility."

At the end of fifteen days the superior edge of the flap and the corresponding part of the opening were pared off and brought together by means of the twisted suture: this time the union was almost perfect, two little holes only remaining, which completely cicatrised after several cauterisations with the nit. argent. At this time (July) the patient has his artificial anus entirely closed by the flap taken from the groin. Upon pressing upon it the considerable loss of substance that has occurred in the parietes of the abdomen is plainly felt. The parietes are more feeble at this point than elsewhere, and it will be necessary always to give support to it by means of a truss.—*Gazette Médicale*, July 28, 1838.

38. *Arab Fracture Apparatus*.—At the sitting of the Academy of Medicine of Paris, held January 13, 1838, M. SEDILLOT presented a fracture apparatus which he brought from Constantine, and which he had taken from a Turkish woman,